PNM-C COMPLICATIONS

OUTCOME: The patient will be able to relate the possible complications, the symptoms that should be reported, and the appropriate actions to prevent complications.

STANDARDS:

1. Discuss the possible complications, e.g. pleural effusion, sustained hypotension and shock, other infections such as bacteremia, and atelectasis due to mucus plugs.

2. Explain that complications may be prevented with prompt treatment with appropriate antibiotics and therapy.

3. Advise patient/family to return if cough, fever or shortness of breath worsen or do not improve.

PNM-DP DISEASE PROCESS

OUTCOME: The patient will have an understanding of pneumonia and its symptoms.

STANDARDS:

1. Explain that pneumonia is an inflammatory process, involving-the terminal airways and alveoli of the lung and is caused by infectious agents.

2. Explain that pneumonia may be contracted by aspiration of oropharyngeal contents, by inhalation of respiratory secretions from infected individuals, through the bloodstream, or directly during surgery or trauma.

3. Explain that patients with bacterial pneumonia may have had an underlying disease that impairs the defenses, such as a preceding viral illness.

4. Explain that weakness and fatigue may persist for weeks after the infection. Encourage a gradual return to normal activities.

PNM-EX EXERCISE

OUTCOME: The patient will be able to demonstrate appropriate deep breathing and coughing exercises.

STANDARDS:

1. Instruct patient in deep breathing, exercises.

2. Instruct patient in techniques to cough effectively.

PNM-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.

2. Discuss the procedure for obtaining follow-up appointments.

3. Emphasize that appointments should be kept.

PNM-IS INCENTIVE SPIROMETRY

OUTCOME: The patient will verbalize understanding of the reason for use incentive spirometer and demonstrate appropriate use.

STANDARDS:

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.

2. Explain that the optimal body position for incentive spirometry is semi-Fowler's position which allows for free movement of the diaphragm.

3. Instruct the patient to exhale normally and evenly inhale maximally through the spirometer mouthpiece.

4. Encourage the patient to hold the maximal inspiration for a minimum of three seconds to allow for redistribution of gas and opening of atelectatic areas.

5. Instruct the patient to exhale slowly and breathe normally between manuvers.

6. Instruct the patient to repeat this maneuver as frequently as prescribed.

PNM-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about pneumonia.

STANDARDS:

1. Provide the patient/family with written patient information literature regarding pneumonia.

2. Discuss the content of the patient information literature with the patient/family.

PNM-M MEDICATIONS

OUTCOME: The patient and/or family will understand the goal of drug therapy and be able to demonstrate and explain use of the prescribed regimen.

STANDARDS:

1. Review the proper use, benefits and common side effects of prescribed medications.

2. Explain the importance of completing the full course of antibiotic therapy, as prescribed, to prevent antibiotic resistance and to facilitate complete recovery.

3. Explain the importance of adhering to the medication schedule.

4. Discuss the use of medications for symptom relief i.e. expectorants, analgesics , etc.

5. Discourage the use of cough suppressants for a productive cough.

PNM-N NUTRITION

OUTCOME: The patient will understand how to modify the diet to conserve energy and promote healing.

STANDARDS:

1. Stress the importance of water intake to aid in liquefying sputum.

2. Discuss the importance of the food pyramid and maintaining a balanced diet to maintain health.

3. Discuss the essential role of protein in healing.

4. Discuss changing to frequent small meals to conserve energy during the acute phase of pneumonia as appropriate.

PNM-P PREVENTION

OUTCOME: The patient/family will understand actions that may be taken to prevent pneumonia.

STANDARDS:

1. Instruct patient to avoid contact with people with upper respiratory infections.

2. Encourage patient to maintain natural resistance to infection through adequate nutrition, rest, and exercise.

3. Encourage patient (particularly if elderly or chronically ill) to obtain immunizations against influenza and pneumococcus.

PNM-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand actions that may be taken to control chest discomfort.

STANDARDS:

1. Encourage the patient to take analgesics as prescribed for chest discomfort.

2. Demonstrate how to splint the chest while coughing.

PNM-TE TESTS

OUTCOME: The patient will have an understanding of the test(s) to be performed.

STANDARDS:

1. Explain that pneumonia may be diagnosed by evidence on the chest x-ray

2. Explain that the specific infective organism can be diagnosed from a sputum culture and gram stain. The most effective antibiotics to treat the pneumonia can be identified from a sensitivity test of the cultured organism.

3. Explain that blood cultures and blood counts may also assist in diagnosis and treatment.

4. Discuss the risks/benefits of tests ordered.

PNM-TX TREATMENT

OUTCOME: The patient/family will have an understanding of the appropriate treatment for pneumonia and the importance of complying with the prescribed regimen.

STANDARDS:

1. Explain that antibiotics are necessary to obliterate the infective organisms. **See PNM-M**

2. Explain that sometimes oxygen is required during the acute phase of infection to maintain adequate oxygenation.

POI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of the treatment plan and the importance of making and keeping follow-up appointments.

STANDARDS:

1. Explain the recommended schedule for follow-up.

2. Explain the procedure for obtaining follow-up appointments

3. Explain the importance of keeping follow-up appointments.

4. Explain that failure to keep follow-up appointments may have devastating consequences.

POI-I INFORMATION

OUTCOME: The patient/family will understand the steps to take when an incident of poisoning has been identified.

STANDARDS:

1. Discuss the importance of calling the Poison Control Center immediately.

2. Emphasize that immediate treatment increases the probability of a positive outcome.

3. Explain the importance of having the substance causing the poisoning available. Explain how this will assist medical personnel in making a correct diagnosis and treatment plan.

4. Discuss the use of syrup of ipecac. Explain that ipecac should only be used on the advise of the poison control center or medical personnel.

POI-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about poison prevention.

STANDARDS:

1. Provide the patient/family with written information about poison prevention.

2. Discuss the content of the patient information literature with the patient/family.

POI-P PREVENTION

OUTCOME: The parent/family will understand necessary steps to poison prevention.

STANDARDS:

1. Discuss ways to poison proof the home by keeping poisons and medications stored safely and out of reach of children, keep medicines and poisons in their original containers, and lock up cabinets containing poisons that are within reach of children.

2. Explain to parents the necessity of discussing poison control with their children. Emphasize to parents to impress upon their children that medication is not candy.

3. Emphasize that child-locks, child-resistant medication containers and other child safety devises are not truly child proof .

4. Explain that poisonous chemicals should not be stored in food or drink containers. Poisonous chemical should be kept in original, properly labeled containers.

POI-TE TESTS

OUTCOME: The patient /family will understand the conditions under which testing is necessary and the specific test(s) to be preformed, technique for collecting samples and the expected benefit of testing and any associated risks. The patient/family will also understand alternatives to testing and the potential or risks associated with the alternatives (i.e. risk of non-testing).

STANDARDS:

1. Explain that tests may be necessary for diagnosis and treatment of poisoning and for follow-up of treatment. Discuss the procedure for collecting the sample, the benefit expected and any associated risks.

2. Explain the alternatives to the proposed test(s) and the risk(s) and benefits(s) of the alternatives including the risk of non-testing.

POI-TX TREATMENT

OUTCOME: The patient/family will understand the components of the treatment plan as well as common and important side-effects, risks and benefits and the probability of success of the treatment. The patient/family will further understand the risk of non-treatment.

STANDARDS:

1. Emphasize that immediate treatment increases the probability of a positive outcome.

2. Explain the importance of having the substance causing the poisoning available. Explain how this will assist medical personnel in making a correct diagnosis and treatment plan.

3. Discuss the use of syrup of ipecac. Explain that ipecac should only be used on the advise of the poison control center or medical personnel.

4. Discuss the treatment plan for this specific poisoning. Discuss suicide precautions if this was a non-accidental poisoning. **See SB**

PP-C COMPLICATIONS

OUTCOME: The patient and family will understand how to prevent and identify complications of the puerperium.

STANDARDS:

1. Discuss the etiology of blood clots, bleeding and infection in the postpartum period.

2. Discuss methods for prevention of complications.

3. Stress to the patient that she should seek medical care immediately for excessive bleeding, increasing abdominal pain, fever, or leg pain.

PP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.

2. Discuss the procedure for obtaining follow-up appointments.

3. Emphasize that appointments should be kept.

PP-I INFORMATION

OUTCOME: The patient will understand postpartum changes.

STANDARDS:

1. Discuss the physical changes: lochia, after-pains, breast engorgement (breast-feeding or not), weight loss, hair loss, and fatigue.

2. Discuss the common postpartum emotional changes. Encourage the patient to share her feelings with her partner, family, PHN or mental health worker.

3. Discuss the changes in interpersonal relationships and family dynamics. Identify stresses that can occur with a new family member in the household. Encourage patient to "take time for herself."

4. Emphasize the importance of parent-child bonding.

5. Discuss the importance of a healthy lifestyle (refer to **WL**).

6. Discuss options for contraception (refer to **FP**).

PP-KE KEGEL EXERCISES

OUTCOME: The patient will understand how to use Kegel exercises to prevent urinary stress incontinence.

STANDARDS:

1. Refer to **WH-KE**.

PP-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about postpartum issue.

STANDARDS:

1. Provide the patient/family with written patient information literature on postpartum issue.

2. Discuss the content of the patient information literature with the patient/family.

PP- M MEDICATIONS

OUTCOME: The patient will understand the type of medication being prescribed, dosage and administration of the medication. They will also be aware of the proper storage of the medication and possible side effects of the drugs.

STANDARDS:

1. Review proper use, benefits, and common side effects of the medication.

2. Emphasize the importance of maintaining strict adherence to the medication regimen and monitoring schedule.

3. Instruct patient on proper administration of the drug

PP-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand some methods for treating the pain which may be associated with the postpartum period.

STANDARDS:

1. Discuss as applicable the proper use of any medications which have been prescribed, to include proper use of PCA pump, etc.

2. Explain that increasing pain should prompt a visit or call to the patient's provider.

3. Discuss non-pharmacologic measures which may provide pain relief, i.e. sitz bath, massage, change of activity.

PP-WC WOUND CARE

OUTCOME: The patient/family will have an understanding of the necessity and procedure for proper wound care. As appropriate they will demonstrate the necessary wound care techniques.

STANDARDS:

1. Explain the reasons to care appropriately for the wound; decreased infection rate, improved healing, etc.

2. Explain the correct procedure for caring for this patient's wound.

3. Explain signs or symptoms that should prompt immediate follow-up; increasing redness, purulent discharge, fever, increased swelling/pain, etc.

4. Detail the supplies necessary for the care of this wound (if any) and how/where they might be obtained.

5. Emphasize the importance of follow-up.

PN-1T FIRST TRIMESTER

OUTCOME: The first trimester patient will understand the progression fo pregnancy as related to fetal growth and development and changes in her body.

STANDARDS:

1. Explain the reproductive cycle. Identify and explain the functions of: the ovaries, ova, fallopian tubes, uterus cervix, placenta and vagina as it relates to pregnancy

2. Discuss fetal growth and development during the first trimester. Emphasize the importance of regular prenatal care, rest, prescribed vitamins, iron and good nutrition. Relate adequate folate intake to fetal neural tube health.

3. Discuss the importance of appropriate weight gain. Review the food pyramid, suggest foods that should be increased i.e., tose high in folic acid, iron, vitamin A, calcium; and those to be limited or avoided i.e., those high in salt, fat, caffeine and empty calories.

4. Emphasize the importance of complete abstinence from drugs, alcohol and tobacco. Point out that use of drugs and/or alcohol during pregnancy can result in birth defects or other complications. Evaluate the patient's use of substances and refer for treatment as appropriate. **(See CD)**

5. Teach the patient to inform all health care providers of her pregnancy prior to obtaining treatment (x-rays, medications, etc.)

6. Discuss the importance of good personal and dental hygiene as it relates to good health and positive self-image. Discuss the dangers of fetal overheating in relation to hot baths, jacuzzis, sweat lodges, etc. **(See WL-HY)**

7. Discuss relief measures for the discomforts of pregnancy.

8. Discuss sex during pregnancy.. Encourage the patient to ask questions.

9. Explain the clinical procedures (exams, lab, sonograms etc.)

10. Emphasize the patient's responsibilities to herself and her growing child. Discuss the dangers of exposure to infectious diseases (measles, toxoplasmosis, STDs, parvovirus, etc.)

11. Emphasize the importance of prepared childbirth classes and parenting classes. Encourage the patient to enroll at the appropriate times.

PN-2T SECOND TRIMESTER

OUTCOME: The second trimester patient will understand the progression of pregnancy as related to fetal growth and development and changes in the body. The patient will begin to discuss the options for feeding the infant.

STANDARDS:

1. Discuss fetal growth and development for the second trimester.

2. Discuss changes in the mother's body during the second trimester. Discuss exercise, rest, and relief measures for second trimester discomforts of pregnancy.

3. Discuss breast-feeding vs. bottle-feeding. Emphasize the advantages of breastfeeding for both mother and baby. Refer to **BF**.

4. Identify risks and warning signs for preterm labor (bleeding, cramping, unexplained abdominal pain, etc.).

PN-3T THIRD TRIMESTER

OUTCOME: The third trimester patient will understand the progression of pregnancy as related to fetal growth and development and changes in the body. The patient will understand the labor and delivery process and how to care for a newborn.

STANDARDS:

1. Discuss changes in the mothers body during the third trimester. Discuss exercise, rest, and relief measures for third trimester discomforts of pregnancy.

2. Discuss the anatomy and physiology of lactation and care of the breasts and nipples (Refer to **BF**).

3. Discuss sex during the late stages of pregnancy and early postpartum period. Discuss methods of contraception. Emphasize the importance of partner participation in family planning.

4. Discuss the signs of impending labor. Discuss those events that require immediate attention e g., ruptured membranes, bleeding, fever. Emphasize the importance of knowing "when you are in labor" and when to seek medical attention.

5. Discuss the three stages of labor. Discuss the possibility of a C-section.

6. Review breathing exercises for labor. If feasible, refer the patient for childbirth education classes.

7. Discuss hospital admission routines e.g. fetal monitoring, IVs, induction.

PN-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of pregnancy and the appropriate action to take.

STANDARDS:

1. Discuss the symptoms of pre-term labor. Emphasize the importance of immediate evaluation by a physician if you think you may have pre-term labor. Explain that immediate treatment may decrease the risk of neonatal death or lost pregnancy. Discuss that even with appropriate treatment pre-term labor may have a catastrophic outcome.

2. Explain that any bleeding as heavy as a period should prompt an immediate evaluation by a physician. Explain that this bleeding may be an early sigh of miscarriage. Explain that immediate evaluation by a physician may in some cases reduce the risk of neonatal death or lost pregnancy.

3. Explain that decreased fetal movement should prompt an immediate evaluation in labor and delivery or in another appropriate setting.

4. Emphasize to the patient that pregnancy induced hypertension may be asymptomatic or may be accompanied by warning signs (persistent swelling, persistent headaches, visual changes, decreased fetal movement, sudden weight gain, nausea and vomiting in the third trimester.) Stress that immediate medical attention should be sought if warning signs occur. **(See PN-PIH)**

PN-CD CHEMICAL DEPENDENCY

OUTCOME: The patient/family will understand the disease process of chemical dependency/substance abuse and its relationship to fetal development and develop motivation for change.

STANDARDS:

1. Emphasize the importance of complete abstinence from drugs, alcohol and tobacco. Point out that use of drugs and/or alcohol during pregnancy can result in birth defects or other complications. Evaluate the patient's use of substances and refer for treatment as appropriate. **(See CD)**

2. Review treatment options available.

PN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.

2. Discuss the procedure for obtaining follow-up appointments.

3. Emphasize that appointments should be kept.

PN-GDM GESTATIONAL DIABETES

OUTCOME: The patient/family will understand diabetes or carbohydrate intolerance during pregnancy and establish a plan for control.

STANDARDS:

1. Emphasize weight control and management of blood sugar.

2. Discuss careful monitoring and tracking of blood sugar.

3. Discuss the increased risk for Type 2 Diabetes in later life in patients who develp gestational diabetes.

4. Discuss the effect of gestational diabetes on the infant (hypoglycemia in the early neonatal period, respiratory distress, complications of delivery, increased incidence of obesity and T

5. Explain that development of gestational diabetes in this pregnancy places the patient (mother) at high risk for development of gestational diabetes in the future pregnancies and emphasize that prenatal care for future pregnancies should begin prior to conception.

PN-HIV HUMAN IMMUNODEFICIENCY VIRUS

OUTCOME: The patient/family will understand risk factors for HIV (mother and child) and offer referral for testing.

STANDARDS:

1. Discuss risk factors for HIV (mother and child).

2. Offer referral for HIV testing.

3. Explain that early detection, early treatment and compliance with the medication regimen as well as maintaining a healthy lifestyle will often result in a better quality of life and slower progression of the disease and may have beneficial effects upon the delivery and longetivity of the child.

PN-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about prenatal issue.

STANDARDS:

1. Provide the patient/family with written patient information literature on prenatal issue.

2. Discuss the content of the patient information literature with the patient/family.

PN - M MEDICATIONS

OUTCOMES: The patient will understand the type of medication being prescribed, dosage and administration of the medication. They will also be aware of the proper storage of the medication and possible side effects of the drugs.

STANDARDS:

1. Review proper use, benefits, and common side effects of the medication.

2. Emphasize the importance of maintaining strict adherence to the medication regimen and monitoring schedule.

3. Instruct patient on proper administration of the drug

PN-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in pregnancy as related to maternal health, fetal growth, and development.

STANDARDS:

1. Describe an adequate pattern of weight gain in pregnancy. Explain the rationale for such gain.

2. Explain the actions to take if the patient develops constipation, nausea, vomiting or pica.

3. Encourage adequate calcium intake. Discuss calcium sources (milk and milk products, calcium supplements, salmon, etc.) **(See OS-N** for other sources of calcium)

4. Discourage weight reduction attempts, skipping meals, and the adverse effect of consuming junk foods during pregnancy.

5. Encourage stress reduction, as stress adversely affects nitrogen and calcium.

6. Explain that breastfeeding in the postpartum period may result in a more rapid return to pre-pregnancy weight.

7. Encourage the patient to limit her intake of aspartame-sweetened foods and caffeinated beverages.

8. Encourage liberal intake of water.

PN-PIH PREGNANCY INDUCED HYPERTENSION AND PRE-ECLAMPSIA

OUTCOME: The patient/family will understand the risk, symptoms, and treatment of pregnancy-induced hypertension and pre-eclampsia.

STANDARDS:

1. Explain the difference between systolic and diastolic blood pressure. Define normal ranges.

2. Review predisposing factors for hypertension (obesity, high sodium intake, high fat and cholesterol intake, lack of exercise, etc.)

3. Discuss the special condition of pregnancy as a contributing factor to hypertension - either by worsening existing hypertension of by new onset of pre-eclampsia.

4. Emphasize to the patient that pregnancy-induced hypertension may be asymptomatic or may be accompanied by warning signs (persistent swelling, persistent headaches, visual changes, decreased fetal movement, sudden weight gain, nausea and vomiting in the third trimester.) Stress that medical attention should be sought if warning signs occur.

5. Discuss complications and increased perinatal risk (maternal convulsions with attendant risk of maternal and/or fetal brain injury, premature birth, etc.)

PN-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand some techniques for reducing the pains and discomforts which are sometimes associated with pregnancy.

STANDARDS:

1. Explain that headaches, abdominal pain, back pain, and certain other pains are common and expected in pregnancy.

2. Discuss types of pain which should prompt an immediate medical evaluation, i.e. pains which come and go at regular intervals, pain associated with bleeding, pain which is unrelieved by conservative measures.

3. Discuss measures which may relieve pain, i.e. warm bath, change of activity (walking, etc.), massage.

4. Explain that most pain medications should not be used in pregnancy, but that the patient's provider can recommend and/or prescribe pain medication if necessary.

PL-BIP BILEVEL (OR CONTINUOUS) POSITIVE AIRWAY PRESSURE VENTILATION

OUTCOME: The patient/family will verbalize a basic understanding of BiPAP or CPAP ventilation, as well as the risks, benefits, alternatives to BiPAP or CPAP and associated factors affecting the patient.

STANDARDS:

1. Explain that the patient does not require intubation with an endotracheal tube or tracheostomy tube in order to receive BiPAP or CPAP. BiPAP or CPAP is delivered utilizing a tight-fitting mask over the nose and/or mouth.

2. Explain the basic mechanics of BiPAP or CPAP, including the risks and benefits of receiving BiPAP or CPAP and the adverse events which might result from refusal.

3. Discuss alternatives to BiPAP or CPAP, including expectant management, endotracheal intubation or tracheostomy as appropriate.

4. Explain that patient cooperation is vital to successful BiPAP or CPAP management.

PL-C COMPLICATIONS

OUTCOME: The patient will understand how to prevent complications of pulmonary disease.

STANDARDS:

1. Discuss that the most common complications of pulmonary disease are exacerbation or infection. These complications often result from failure to comply with treatment regimens (medications, peak flows, etc.) or from exposure to environmental triggers.

2. Emphasize early medical intervention for minor URI's, fever, cough, and shortness of breath.

3. Stress the importance of adherence to the treatment plan.

PL-DP DISEASE PROCESS

OUTCOME: The patient will understand the etiology and pathophysiology of their pulmonary disease.

STANDARDS:

1. Review the anatomy and physiology of the respiratory system.

2. Discuss how factors such as: environmental triggers, age, smoking, COPD, and asthma affect the ability of the respiratory system to exchange $0_2/C0_2$ and resist infection.

3. Explain the patient's specific disease process.

PL-EX EXERCISE

OUTCOME: The patient/family will understand the patient's exercise recommendations or restrictions as appropriate to the disease condition.

STANDARDS:

1. Review the type(s) of exercise recommended for the patient's specific disease.

2. Discuss the importance of consulting the primary provider before beginning any exercise program.

PL-FU FOLLOW-UP

OUTCOME: The patient will understand the importance of regular follow-up and will strive to keep scheduled appointments.

STANDARDS:

1. Discuss the importance of regular follow-up care in the prevention of complications and adjustment of medications.

2. Encourage treatment plan compliance. Assess the patient's understanding of the treatment plan and acceptance of the diagnosis.

3. Provide positive reinforcement for areas of achievement.

4. Refer to PHN or community resources as appropriate.

5. Emphasize the importance of consistent peak flow measurement.

PL-HM HOME MANAGEMENT

OUTCOME: The patient and/or family will understand the home management of their disease process and make a plan for implementation.

STANDARDS:

1. Discuss home management plan and methods for implementation of the plan.

2. Explain the importance of following a home management plan, i.e. fewer emergency room visits and fewer hospitalizations.

PL-INT INTUBATION

OUTCOME: The patient/family will verbalize basic understanding of endotracheal intubation, as well as the risks, benefits, alternatives to endotracheal intubation and associated factors affecting the patient.

STANDARDS:

1. Explain the basic procedure for endotracheal intubation, including the risks and benefits of endotracheal intubation and the adverse events which might result from refusal.

2. Discuss alternatives to endotracheal intubation, including expectant management, as appropriate.

3. Explain that the patient will be unable to speak or eat while intubated.

PL-IS INCENTIVE SPIROMETRY

OUTCOME: The patient will verbalize understanding of the reason for use of the incentive spirometer and demonstrate appropriate use.

STANDARDS:

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.

2. Explain that the optimal body position for incentive spirometry is semi-Fowler's position which allows for free movement of the diaphragm.

3. Instruct the patient to exhale normally and evenly inhale maximally through the spirometer mouthpiece.

4. Encourage the patient to hold the maximal inspiration for a minimum of three seconds to allow for redistribution of gas and opening of atelectatic areas.

5. Instruct the patient to exhale slowly and breathe normally between manuvers.

6. Instruct the patient to repeat this maneuver as frequently as prescribed.

PL-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about pulmonary disease.

STANDARDS:

1. Provide the patient/family with written patient information literature on pulmonary disease.

2. Discuss the content of the patient information literature with the patient/family.

PL-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient will strive to make the lifestyle adaptations necessary to prevent complications of pulmonary disease and prolong life.

STANDARDS:

1. Discuss which lifestyle changes the patient has the ability to change: cessation of smoking, dietary modifications, weight control, treatment compliance and exercise.

2. Re-emphasize how complications of pulmonary disease can be reduced or eliminated by such changes.

3. Review the community resources available to help the patient in making such lifestyle changes.

4. Identify and avoid environmental triggers (cigarette smoke, stress, environmental smoke, pollen, mold, dust, roaches, insecticides, paint fumes, perfumes, animal dander, cold air, sulfites, aspirin, etc.) as appropriate for the patient.

PL-M MEDICATIONS

OUTCOME: The patient and/or family will understand the goal of drug therapy and be able to demonstrate and explain use of the prescribed regimen.

STANDARDS:

1. Review the patient's medications. Reinforce the importance of knowing the drug, dose, and dosing interval of medications.

2. Review common side effects, signs of toxicity, and drug interactions of medication(s).

3. Discuss the difference between bronchodilator and anti-inflammatory medications.

4. Explain the difference between maintenance and rescue drugs.

5. Emphasize compliance and explain how effective use of medications can facilitate a more active life style for the pulmonary disease patient.

6. Emphasize the importance of consulting with a health care provider prior to using any OTC medication.

PL-MDI METERED-DOSE INHALERS

OUTCOME: The patient will be able to demonstrate correct technique for use of MDIs and understand their role in the management of pulmonary disease.

STANDARDS:

1. Instruct and demonstrate steps for standard or alternate use procedure for metered-dose inhalers and ways to clean and store the unit properly.

2. Review the importance of using consistent inhalation technique.

PL-N NUTRITION

OUTCOME: The patient will understand how to modify diet to conserve energy and promote nutritional balance.

STANDARDS:

1. Assess the patient's current nutritional patterns. Review how these patterns might be improved.

2. Refer to **WL-N**.

3. Stress the importance of water intake to aid in liquefying sputum.

4. Explain how meal planning may need to be individualized for specific pulmonary disorders. Consider eliminating milk because it increases mucous production. Foods which are gas producing may hinder diaphragmatic movement. Several small meals instead of three large meals may be indicated to reduce respiratory effort. Refer to dietitian as appropriate.

PL-NEB NEBULIZER

OUTCOME: The patient will be able to demonstrate effective use of the nebulizer device, discuss proper care and cleaning of the system, and describe its place in the care plan.

STANDARDS:

1. Describe proper use of the nebulizer including preparation of the inhalation mixture, inhalation technique, and care of equipment.

2. Discuss the nebulizer treatment as it relates to the medication regimen.

PL-O2 OXYGEN THERAPY

OUTCOME: The patient and/or family will understand the need for and be able to demonstrate the proper use of oxygen administration equipment.

STANDARDS:

1. Discuss the dangers of ignition sources around oxygen (cigarettes, sparks, flames, etc.)

2. Emphasize the importance of regular maintenance checks of oxygen equipment.

3. Emphasize that O2 flow rate should not be changed except upon the order of a physician, since altering the flow rate may worsen the condition.

4. Discuss use, care, and cleaning of all equipment.

5. Explain the reason for O_2 therapy and the anticipated benefit.

PL-PF PEAK-FLOW METER

OUTCOME: The patient will be able to demonstrate correct use of the peak-flow meter and explain how its regular use can help achieve a more active lifestyle.

STANDARDS:

1. Discuss use and care of the peak flow meter as a tool for measurement of peak expiratory flow rate (PEFR) and degree of airway obstruction. Discuss peak flow zones in management of airway disease.

2. Explain how monitoring measurement of PEFR can provide an objective way to determine current respiratory function.

3. Emphasize how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate a more active lifestyle.

PL-PM PAIN MANAGEMENT

OUTCOME: The patient/family will have an understanding of the plan for pain management.

STANDARDS:

1. Explain that pain management is specific to the disease process of this particular diagnosis and patient; and may be multifaceted. **See PM**

2. Explain that short term use of narcotics may be helpful in pain management as appropriate.

3. Explain that other medications may be helpful to control the symptoms of pain, nausea and vomiting.

4. Explain that administration of fluids may be helpful with pain relief and resolution of symptoms.

5. Explain non-pharmacologic measures that may be helpful with pain control.

PL-PRO PROCEDURES

OUTCOME: The patient/family will verbalize understanding of the proposed procedure(s), as well as the risks, benefits, alternatives to the proposed procedure(s) and associated factors affecting the patient.

STANDARDS:

1. Explain the specific procedure(s) to be performed, including the risks and benefits of performing the procedure and the adverse events which might result from refusal of the procedure.

2. Discuss alternatives to the proposed procedure(s), including expectant management, as appropriate.

3. Discuss the expected patient/family involvement in the care required following the proposed procedure(s).

PL-SHS SECOND-HAND SMOKE

OUTCOME: Provide the patient and/or family with an understanding of the adverse health consequences associated with exposure to second-hand tobacco smoke, and to discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define "passive smoking", ways in which exposure occurs:
   a. smoldering cigarette, cigar, or pipe
   b. smoke that is exhaled from active smoker
   c. smoke residue on clothing, upholstery, carpets or walls

2. Discuss harmful substances in smoke
   a. nicotine
   b. benzene
   c. carbon monoxide
   d. many other carcinogens (cancer causing substances)

3. Explain the increased risk of illness in the pulmonary patient when exposed to cigarette smoke either directly or via second-hand smoke.

4. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the asthma patient is not in the room at the time that the smoking occurs.

5. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.

6. Encourage smoking cessation or at least never smoking in the home or car.

PL-SPA SPACERS

OUTCOME: The patient will be able to demonstrate the correct use of spacers and understand their importance in delivery of medications.

STANDARDS:

1. Instruct and demonstrate proper technique for spacer use.

2. Discuss proper care and cleaning of spacers.

3. Explain how spacers improve the delivery of inhaled medications.

PL-TO TOBACCO (SMOKING)

OUTCOME: The patient and/or family will have an understanding of the dangers of smoking or exposure of the pulmonary patient to cigarette smoke and develop a plan to eliminate said exposure.

STANDARDS:

1. Explain the increased risk of illness in the pulmonary patient when exposed to cigarette smoke either directly or via second-hand smoke.

7. Explain that cigarette smoke gets trapped in carpets and upholstery and still increases the risk of illness even if the pulmonary patient is not in the room at the time that the smoking occurs.

8. Encourage smoking cessation or at least NEVER smoking in the home or car.

9. Refer to protocols for tobacco **TO**.

PL-VENT MECHANICAL VENTILATION

OUTCOME: The patient/family will verbalize understanding of mechanical ventilation, as well as the risks, benefits, alternatives to mechanical ventilation and associated factors affecting the patient.

STANDARDS:

1. Explain that the patient must be intubated with an endotracheal tube or tracheostomy tube in order to receive mechanical ventilation.

2. Explain the basic mechanics of mechanical ventilation, including the risks and benefits of receiving mechanical ventilation and the adverse events which might result from refusal.

3. Discuss alternatives to mechanical ventilation, including expectant management, as appropriate.

4. Explain that the patient will be unable to speak or eat while intubated and receiving mechanical ventilation.

5. Explain that the patient will be sedated during intubation and the initiation of mechanical ventilation.

6. Discuss the possibility that the patient may require restraints to prevent accidental extubation.

RSV-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and serious complications of RSV.

STANDARDS:

1. Discuss that many children with RSV also develop and ear infection (about 20% of the time.)

2. Explain that only 1-2% of children with RSV will need hospitalization for oxygen or IV fluids.

3. Discuss that recurrent wheezing happens mostly in children who have close relatives with asthma. Some percentage of children who have RSV will go on to develop asthma.

RSV-DP DISEASE PROCESS

OUTCOME: The patient/family will have an understanding of the disease process of RSV.

STANDARDS:

1. Explain that RSV is caused by a virus. Explain that viral illnesses are not made better by antibiotics.

2. Discuss that the virus causes a swelling of the smallest airways in the lungs (bronchioles). This narrowing results in wheezing and difficulty breathing. The wheezing and difficulty breathing typically gets worse for 2-3 days then begins to improve. The acute phase of the disease is usually 7-14 days long.

3. Discuss that recurrent wheezing happens mostly in children who have close relatives with asthma. Some percentage of children who have RSV will go on to develop asthma.

4. Explain that RSV is spread by droplets containing the virus. These droplets are usually created by the infected person coughing or sneezing them out. Infection usually occurs by touching the droplets then rubbing one's eyes or nose. Hand washing is the best way to prevent infection.

5. Discuss, as appropriate, that the worst disease happens in children under 2 years of age. People older than this who become infected with RSV will usually experience severe cold-like symptoms.

RSV-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and strive to keep scheduled appointments.

STANDARDS:

1. Discuss the importance of keeping scheduled appointments to monitor the seriousness of the disease and prevention or treatment of complications.

2. Encourage treatment plan compliance. Assess the patient's understanding of the treatment plan and acceptance of the diagnosis.

3. Refer to PHN or community resources as appropriate.

RSV-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management plan and the importance of following the plan. Discuss the following standards as applicable to this patient.

STANDARDS:

1. Explain that dry air tends to make cough worse. Discuss the use of a humidifier to loosen secretions and soothe the airway.

2. Discuss the use of suction devices (such as bulb syringes) to remove sticky mucus from the nose and make breathing easier. Discuss the use of nasal saline drops to loosen the mucus.

3. Explain that warm liquids may be helpful to loosen secretions in the back of the throat and relieve coughing spasms. This may not be appropriate for very young infants.

RSV-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about RSV.

STANDARDS:

1. Provide the patient/family with written patient information literature on asthma.

2. Discuss the content of the patient information literature with the patient/family.

RSV-M MEDICATIONS

OUTCOME: The patient/family will understand the goal of drug therapy and be able to demonstrate and explain the use of the prescribed medication regimen.

STANDARDS:

1. Review the patient's medication(s). Reinforce the importance of knowing the drug, dose, and dosing interval of medications.

2. Review common side effects, signs of toxicity, and drug interaction of medications(s).

3. Emphasize adherence to the medication plan and explain how effective use of medications may reduce the risk of complications or hospital admission, as appropriate.

RSV-NEB NEBULIZER

OUTCOME: The patient/family will be able to demonstrate effective use of the nubulizer device, discuss proper care and cleaning of the system, and describe its place in the care plan.

STANDARDS:

1. Describe proper use of the nebulizer, including preparation of the inhalation mixture, inhalation technique (masks, blow-by, etc), and care of the equipment.

2. Discuss the nebulizer treatement as it relates to the medication regimen.

RSV-P PREVENTION

OUTCOME: The patient/family will understand ways to help prevent RSV infection or spread of infection.

STANDARDS:

1. Explain that RSV is spread by contact with contaminated objects. Discuss the importance of hand washing and of disinfecting toys (especially in the day care setting).

2. Discuss the availability of passive immunization for RSV for selected groups of children, as appropriate. (Currently the recommendation for prophylaxis is children <24 months of age with bronchopulmonary dysplasia or with a history of premature birth (<32 weeks gestation). See current literature for any updates on these recommendations.)

RSV-SHS SECOND-HAND SMOKE

OUTCOME: Provide the patient and/or family with an understanding of the adverse health consequences associated with exposure to second-hand tobacco smoke, and to discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define "passive smoking", ways in which exposure occurs:
   a. smoldering cigarette, cigar, or pipe
   b. smoke that is exhaled from active smoker
   c. smoke residue on clothing, upholstery, carpets or walls

2. Discuss harmful substances in smoke
   a. nicotine
   b. benzene
   c. carbon monoxide
   d. many other carcinogens (cancer causing substances)

3. Explain the increased risk of illness in the RSV patient when exposed to cigarette smoke either directly or via second-hand smoke.

4. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the asthma patient is not in the room at the time that the smoking occurs.

5. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.

6. Encourage smoking cessation or at least never smoking in the home or car.

RSV-TE TESTING

OUTCOME: The patient/family will understand the test(s) to be performed.

STANDARDS:

1. Explain the test(s) ordered (nasopharyngeal wash or swab, pulsoximetry, etc.)

2. Explain the necessity, benefits and risks of the test(s) to be performed.

3. Explain how the testing relates to the course of treatment.

RSV-TO TOBACCO (SMOKING)

OUTCOME: The patient/family will have an understanding of the dangers of exposure of the patient with RSV to cigarette smoke and develop a plan to eliminate said exposure.

STANDARDS:

1. Explain the increased risk of hospitalization and serious or life threatening illness when a patient with RSV is exposed to cigarette smoke.

2. Explain that cigarette smoke gets trapped in carpets and upholstery and still increases the risk of illness even if the patient with RSV is not in the room at the time that the smoking occurs.

3. Encourage smoking cessation or at least **NEVER** smoking in the home or car.

4. **See TO.**

RST-EQ EQUIPMENT

OUTCOME: The patient/family will be instructed on the type of restraint used.

STANDARDS:

1. Explain the hospital policy and procedure to the patient/family.

2. Explain the alternative interventions that may be attempted prior to the use of a physical restraint (i.e. frequent reorientation, position change, modify environment, modifying behavior, scheduled toileting, pain/comfort measures, places closer to nurse's desk, fall risk assessment, encourage family to stay, or there may be no appropriate intervention.)

3. Explain the type of restraint to be used on the patient (waist, vest, wrists, ankles, or leather restraints).

4. Explain that nursing assessments will be completed as the hospital policy dictates.

5. Explain to patient/family the necessary conditions for early release from restraints.

RST-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about the clinical justification necessitating the restraint of the patient.

STANDARDS:

1. Provide patient/family with written restraint information.

2. Discuss the content of the patient information literature with the patient/family.

RST-M MEDICATIONS

OUTCOME: The patient/family will understand any medications to be used as a chemical restraint or during the use of mechanical restraints.

STANDARDS:

1. Discuss the use of medications as chemical restraints if appropriate. Discuss common and important side effects.

2. Discuss medications used during the restraint process as appropriate. Discuss common and important side effects.

RST-S SAFETY AND INJURY PREVENTION

OUTCOME: The patient/family will understand possible safety risks and inform the nursing staff immediately if the patient seems compromised.

STANDARDS:

1. Explain common and important safety risks associated with the type of restraint being used.

2. Emphasize to the patient/family/caregiver the importance of immediately reporting any concern or adverse effect of the restraint. (Cold or blue limbs, restraints around the neck, patient slipping down in the bed, etc.)

3. Explain that the patient will need assistance with hydration and hygiene needs, i.e. toileting.

RD-C COMPLICATIONS

OUTCOME: The patient will understand how to lessen complications of rheumatic disease.

STANDARDS:

1. Review the common complications associated with the patient's disease.

2. Review the treatment plan with the patient. Explain that complications are worsened by non-compliance with the treatment plan.

RD-DP DISEASE PROCESS

OUTCOME: The patient and family will understand the pathophysiology of rheumatic disease.

STANDARDS:

1. Review the disease process of the patient's rheumatic disease.

2. Review the physical limitation that may be imposed by the patient's disease.

3. Explain that treatments are highly individualized and may vary over the course of the disease.

4. Refer to the Arthritis Foundation or community resources as appropriate.

RD-EX EXERCISE

OUTCOME: The patient will maintain an optimal level of mobility with minimal discomfort.

STANDARDS:

1. Emphasize that exercise is an important component of the treatment plan.

2. Review how moderate exercise may increase energy, control weight, improve circulation, enhance sleep, and reduce stress and depression.

3. Review the different types of exercises including active and passive range of motion, and muscle strengthening.

4. If applicable, review and demonstrate the prescribed exercise plan.

5. Emphasize the importance of "warm-ups and cool-downs". Explain how the application of heat or cold prior to beginning exercise may reduce joint discomfort.

6. Caution the patient not to overexert. Exercise should never be done to the point of pain and fatigue.

RD-FU FOLLOW-UP

OUTCOME: The patient will understand the importance of treatment plan compliance and regular follow-up.

STANDARDS:

1. Discuss the patient's responsibility in managing rheumatic disease.

2. Review treatment plan with the patient/family, emphasizing the need for keeping appointments and adhering to medications regimens.

RD-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about rheumatic disease.

STANDARDS:

1. Provide the patient/family with written patient information literature on rheumatic disease.

2. Discuss the content of the patient information literature with the patient/family.

RD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient will understand the lifestyle changes necessary to optimize performance of everyday activities.

STANDARDS:

1. Discuss that treatment for arthritis is usually a combination of medication, rest, exercise, and joint protection.

2. Discuss way to pain management. Refer to **RD-PM**.

3. Review activity limitation and the importance of avoiding fatigue.

4. Discuss ADL aids. Make a referral to social services for assistance in procuring such devices.

5. Explain how exercise and social involvement may decrease the depression and anger often associated with rheumatoid disease.

6. Discuss how self-image, pain, fatigue, inflammation, limited joint mobility, and medications can alter sexual desire and sexual activity.

7. Assess level of acceptance and offer support and referral to social services and community resources as appropriate.

8. Discuss the techniques that may reduce stress and depression such as meditation and biofeedback.

9. Refer to **WL**.

RD-M MEDICATIONS

OUTCOME: The patient/family will understand the proper use of anti-rheumatic medications.

STANDARDS:

1. Review the mechanism of action of the prescribed medication.

2. Discuss proper use, benefits and common side effects of prescribed medications.

3. Explain that some medications may have long-term effects which require regular monitoring and follow-up.

4. Explain the importance of consulting with a health care provider prior to using OTC medications. Discourage the use of alcohol, since it worsens most rheumatic diseases in the long term.

RD-N NUTRITION

OUTCOME: The patient will strive to achieve and maintain a safe weight level through a nutritionally balanced diet.

STANDARDS:

1. Assess the patient's current nutritional patterns and review improvements which can be made. **Refer to WL-N.**

RD-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the patient's pain management program.

STANDARDS:

1. Stress the need to comply with the prescribed treatment plan.

2. Emphasize the importance of rest and avoidance of fatigue.

3. Discuss the use of heat and cold.

4. Discuss the techniques that may reduce stress and depression such as meditation and bio-feedback.

5. Emphasize the role of exercise in reducing pain, maximizing mobility, and reducing stress/anxiety.

6. Refer to physical therapy as appropriate.

SZ-C COMPLICATIONS

OUTCOME: The patient/family will have an understanding of the potential complications of the patient's seizure disorder.

STANDARDS:

1. Explain some of the complications that may occur during a seizure such as, anoxia from airway occlusion by the tongue or by vomitus, traumatic injury, potential for automobile accident, etc.

2. Explain that uncontrolled seizures may result in progressive brain injury.

SZ-DP DISEASE PROCESS

OUTCOME: The patient/family will have an understanding of the pathophysiology of seizure disorders.

STANDARDS:

1. Explain that seizures are usually paroxysmal events associated with abnormal electrical discharges of the neurons of the brain.

2. Explain that at least 50% of seizure disorders are idiopathic. No cause can be found and the patient has no other neurologic abnormalities.

3. Discuss the patient's specific type of seizure disorder if known.

4. Explain that following a seizure it is usual for a patient to have a period of increased sleepiness (postictal phase.)

SZ-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of regular follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of regular follow-up care in the prevention of complications and adjustment of medications.

2. Encourage treatment plan compliance. Discuss the patient/family responsibility in the management of seizure disorder.

3. Discuss the mechanism for obtaining follow-up appointments

SZ-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about seizure disorders.

STANDARDS:

1. Provide the patient/family with written patient information literature about seizure disorders.

2. Discuss the content of the patient information literature with the patient/family.

SZ-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the impact of a seizure disorder on the patient/family's lifestyle and make a plan for needed adaptations.

STANDARDS:

1. Explain the importance of compliance with therapy to reduce seizure risk.

2. A normal lifestyle should be encouraged. Explain the particular risks of driving and participation in sports or other potentially hazardous activities if the seizure disorder is poorly controlled.

3. Emphasize a common sense attitude toward the patient's illness. Emphasis should be placed on independence and preventing invalidism.

4. Teach the patient's family how to care for the patient during a seizure, i.e.
   a. Avoid restraining the patient during a seizure

   b. Help the patient to a lying position, loosen any tight clothing, and place something flat and soft such as a pillow under his/her head

   c. Clear the area of hard objects

   d. Avoid forcing anything into the patient's mouth

   e. Avoid using tongue blades or spoons as this may lacerate the patient's mouth, lips or tongue or displace teeth, and may precipitate respiratory distress.

   f. Turn the patient's head to the side to provide an open airway

   g. Reassure the patient after the seizure subsides, orienting him/her to time and place and informing him/her about the seizure.

5. Encourage the patient to get enough sleep as excessive fatigue may precipitate a seizure.

6. Discourage use of alcohol and street drugs as these may precipitate seizures.

7. Encourage the patient to learn to control stress, i.e. relaxation techniques, etc.

8. Discuss the need to avoid photic stimulation such as strobe lights, emergency vehicle lights, light from some ceiling fans or any intermittent repeating light source.

9. Instruct that pregnancy or hormone replacement therapy may lower a person's seizure threshold.

10. Inform the family to keep track of duration, frequency and quality of seizure. Bring this log to the health care provider on follow-up.

11. Refer to community resources as appropriate.

SZ-M MEDICATIONS

OUTCOME: The patient/family will understand the goal of drug therapy and be able to demonstrate and explain the use of prescribed medication.

STANDARDS:

1. Explain the importance of compliance with the prescribed medication schedule. Review the patient's medications. Reinforce the importance of knowing the drug dose and dosing intervals.

2. Review common and important side effects, signs of toxicity, and drug/drug, and drug/food interactions. Review signs of toxicity that should prompt immediate evaluation. Of note there is an interaction between most seizure medications and birth control pills that may make the contraceptive less reliable.

3. Explain the importance of having anticonvulsant blood levels checked at regular intervals even if seizures are under control as applicable.

4. Explain how consistent use of anticonvulsant medications as prescribed can facilitate a more active lifestyle by improved seizure control.

5. Emphasize the importance of notifying the health care provider if the patient is not taking the medication as prescribed.

6. Advise women of childbearing age to inform their health care provider prior to becoming pregnant or as soon as pregnancy is expected as many anticonvulsant medications may be teratogenic.

SZ-S SAFETY AND INJURY PREVENTION

OUTCOME: The patient/family will understand the necessary measures to undertake to avoid injury of the patient or others.

STANDARDS:

1. Teach the patient's family how to care for the patient during a seizure, i.e.
   a. Avoid restraining the patient during a seizure

   b. Help the patient to a lying position, loosen any tight clothing, and place something flat and soft such as a pillow under his/her head.

   c. Clear the area of hard objects

   d. Avoid forcing anything into the patient's mouth

   e. Avoid using tongue blades or spoons as this may lacerate the patient's mouth, lips or tongue or displace teeth, and may precipitate respiratory distress.

   f. Turn the patient's head to the side to provide an open airway

   g. Reassure the patient after the seizure subsides, orienting him/her to time and place and informing him/her about the seizure.

2. Explain the particular risks of driving and participation in sports or other potentially hazardous activities if the seizure disorder is poorly controlled.

STD-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complictions of sexually transmitted diseases.

STANDARDS:

1. Explain that the most common complication of untreated or progressed STD is pelvic inflammatory disease, infertility, and/or sterility.

2. Explain that some STDs if left untreated can progress to disability, disfigurement, and/or death.

3. Discuss that having one sexually transmitted disease greatly increases a person's risk of having a second sexually transmitted disease.

4. Discuss that some sexually transmitted diseases can be life-long or fatal.

5. Discuss the potential for harm to a fetus from the sexually transmitted disease or its treatment.

STD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.

2. Discuss the procedure for obtaining follow-up appointments.

3. Emphasize that appointments should be kept.

STD-I INFORMATION

OUTCOME: The patient and partner will understand risk factors, transmission, symptoms and complications of causitive agent(s).

STANDARDS

1. Discuss specific STD.

2. Explain how STDs are transmitted, i.e., semen, vaginal fluids, blood, mother to infant during pregnancy or child birth, breast-feeding.

3. Explain how STDs cannot be transmitted, i.e., casual contact, toilet seats, eating utensils, coughing.

4. Explain that there are no vaccines against STDs and that there is no immunity to STDs. List curable and incurable STDs. Stress the importance of early treatment.

5. Explain that infection is dependent upon behavior, not on race, age, or social status.

6. Describe how the body is affected.

7. List symptoms of disease and how long it may take for symptoms to appear.

8. List complications that may result if disease is not treated.

9. Review the actions to take when exposed to an STD.

STD-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about sexually transmitted diseases.

STANDARDS:

1. Provide the patient/family with written patient information literature on sexually transmitted diseases.

2. Discuss the content of the patient information literature with the patient/family.

STD-M MEDICATION

OUTCOME: The patient/family will understand the goal of drug therapy and be able to demonstrate and explain use of the prescribed regimen.

STANDARDS:

1. Discuss proper use, benefits, common side effects, and common interactions of prescribed medications. Review signs of possible toxicity and appropriate follow-up as indicated. Explain that medications may cure bacterial STDs but typically provide only symptomatic relief for viral STDs.

2. Emphasize the importance of compliance with medication regimen.

3. Discuss the mechanism of action as needed.

4. Emphasize the importance of consulting with a health care provider prior to initiating any new medications, including over-the-counter medications. Emphasize the importance of informing the provider of any allergies or the potential for pregnancy.

5. Emphasize the importance of providing a list of all current medications, including non-prescription, complementary medicine or traditional remedies, to the provider.

6. Explain that in most cases, the patient's partner(s) will need to be treated. Describe the treatment regimen as appropriate.

STD-P PREVENTION

OUTCOME: Patient /family will plan behavior patterns which will prevent STD infections.

STANDARDS:

1. List behaviors that eliminate or decrease risk of infection, i.e., use of latex condoms, use of spermicide with condom, monogamy, abstinence, not injecting drugs.

2. Describe behavior changes which prevent transmission of STDs.

3. Discuss proper application of a condom.

4. Describe type of lubricant to use with condom: i.e., water-based gels, such as K-Y, Astroglide, Foreplay, etc.

5. Describe how alcohol/substance use and/or abuse can affect ability to use preventive measures.

STD-TE TESTING

OUTCOME - The patient/family will have an understanding of the test(s) to be performed including indications and its impact on further care.

STANDARDS:

1. Explain the test ordered.

2. Explain the necessity, benefits and risks of the test to be performed and how it relates to the course of treatment.

3. Explain the meaning of test results.

STD-TX TREATMENT

OUTCOME: Patient and partner will understand their treatment plan.

STANDARDS:

1. Emphasize the importance of early detection and treatment.

2. Stress the importance of treatment of the partner to prevent re-infection and spread of the disease.

3. Discuss the patient's specific treatment plan.

4. Discuss the importance of routine follow-up and testing as appropriate.

SWI-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with skin and wound infections.

STANDARDS:

1. Review with the patient/family the symptoms of a generalized infection, i.e. high fever spreading redness, red streaking, increased tenderness, changes in mental status, decreased urine output, etc.

2. Review with the patient/family the effects of uncontrolled skin or wound infections (i.e. cellulitis) or generalized infection, i.e. loss of limb, need for facsiotomy and skin grafting, multi-organ failure, death.

3. Inform patient/family that scarring and/or tissue discoloration may develop after healing of the wound.

4. Emphasis the importance of early treatment to prevent complications.

SWI-DP DISEASE PROCESS

OUTCOME: The patient/family will understand cause and risk factors associated with skin and wound infections.

STANDARDS:

1. Review the current information regarding the causes and risk factors of skin and wound infections.

2. Explain how breaks in the skin can allow bacteria to enter the body

3. Discuss importance of daily hygiene and skin inspection.

4. Explain that minor wounds should be kept clean and treated early to prevent serious skin or wound infections.

5. Explain that the use of immunosuppressive or corticosteroid medication may increase the risk for skin and wound infections.

6. Explain that elevated blood sugar increases the risk of serious skin and wound infections and impedes healing.

7. Review peripheral vascular disease and/or ischemic ulcers as appropriate. **See PVD**

8. Discuss with the patient/family the pathophysiologic process of an inflammatory response.

SWI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointment.

STANDARDS:

1. Discuss the importance of follow-up care.

2. Discuss the procedure for obtaining follow-up appointments.

3. Emphasize that follow-up appointments should be kept.

SWI-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about skin and wound infections.

STANDARDS:

1. Provide patient/family with written patient information literature.

2. Discuss the content of the patient information literature with the patient/family.

SWI-M MEDICATION

OUTCOME: The patient/family will understand the importance of compliance with the prescribed medication regimen.

STANDARDS:

1. Discuss reason for specific medication in treatment of this patient's infection.

2. Review directions for use and duration of therapy.

3. Discuss expected benefits of therapy as well as the important and common side effects. Discuss side effects that should prompt a return visit.

4. Discuss importance of compliance with medication regimen and how completion of an antibiotic course will help prevent the development of antibiotic resistance.

5. Emphasize the importance of follow-up.

SWI-P PREVENTION

OUTCOME: The patient/family will understand the appropriate measures to prevent skin and wound infections.

STANDARDS:

1. Discuss avoidance of skin damage by wearing appropriate protective equipment, i.e. proper footwear, long sleeves, long pants, gloves, etc., as appropriate.

2. Explain importance of good general hygiene and cleaning any breaks in the skin and observing for infections **See WL-HY**.

3. Review importance of maintaining good general health and controlling chronic medical conditions, especially glycemic control in diabetes **See DM-FTC**.

SWI-WC WOUND CARE

OUTCOME: The patient/family will have an understanding of the necessity and procedure for proper wound care and infection control measures. As appropriate they will demonstrate the necessary wound care techniques.

STANDARDS:

1. Explain the reasons to care appropriately for the wound; decreased infection rate, improved healing, etc.

2. Explain the correct procedure for caring for this patient's wound.

3. Explain signs or symptoms that would prompt immediate follow-up; increasing redness, purulent discharge, fever, increased swelling or pain, etc.

4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained and proper methods for disposal of used supplies.

5. Emphasize the importance of follow-up.

ST-C COMPLICATIONS

OUTCOME: The patient/family will be able to relate the possible complications, the symptoms that should be reported immediately, and the appropriate actions to prevent complications.

STANDARDS:

1. Discuss the possible complications of untreated strep throat, i.e. rheumatic fever or glomerulonephritis.

2. List the symptoms that should be reported immediately, i.e. drooling, difficulty swallowing, blood in the urine, joint pains, abnormal movements and fever lasting longer than 48 hours after starting antibiotic.

3. Stress importance of follow-up appointment as appropriate.

ST-DP DISEASE PROCESS

OUTCOME: The patient will understand that strep throat may be a serious disease if left untreated.

STANDARDS:

1. Review ways in which strep throat can be spread to others in the family including family pets, i.e. eating or drinking after others, direct contact with secretions.

2. Explain that any child or adult in the home who has a fever, sore throat, runny nose, vomiting, and headache or develops these symptoms in the next five days should seek medical care.

3. Discuss that chonic or recurrent strep throat or rheumatic fever in a family member should prompt throat culture of all family members.

4. Discuss that strep throat is caused by a bacterium called Streptococcus Pyogenes. Explain that this bacterium may cause long term complications especially if untreated. **See ST-C**